

Uncompensated Care Pool Quarterly Report, PFY06 Q1

About this Report

Pursuant to Chapter 149 of the Acts of 2004, the Division of Health Care Finance and Policy (the Division) submits this quarterly report on the demographics and utilization patterns of individuals whose medical care is paid for by the Massachusetts Uncompensated Care Pool (UCP or 'the Pool'). This report covers Pool activity during the first quarter of Pool Fiscal Year 2006 (PFY06 Q1) from October 1, 2005, through December 31, 2005, and reports on the number of inpatient discharges and outpatient visits by age, income, and diagnostic category, as well as average charge per inpatient discharge and outpatient visit, and other statistics pertinent to monitoring the Pool.

Analyses of the utilization patterns of Pool users are based on claims for services billed to the Pool by each acute care hospital and community health center (CHC) in the Commonwealth. Demographic information is taken from uncompensated care applications submitted to the Division and through MassHealth. Total charges and allowable uncompensated care costs are based on monthly reports submitted to the Division by each hospital and CHC. This report is based on the most recent data available. See Data Notes at the end of this report for further information on the data used in the analyses provided here.

This report is organized into four sections containing the following information on Pool activity during the first quarter of PFY06:

- *Impact of PFY05 Pool Reforms*, including analyses of the MassHealth Eligibility Screening reform;

- *Pool Utilization Statistics*, including the number of individuals whose medical expenses were billed to the Pool, the volume of services provided to Pool users, and the costs to the Pool of that care;
- *Pool User Demographics*, including the volume of services and costs by age, gender, family income, and family size; and
- *Services Billed to the Pool*, including details on the types of services received by Pool users, inpatient and outpatient volume and costs by age and gender, type of inpatient admission, top reasons for care, and average costs for inpatient discharges and outpatient visits.

Uncompensated Care Pool Overview

The Uncompensated Care Pool pays for medically necessary services provided by acute care hospitals and CHCs to eligible low-income uninsured and underinsured individuals. In addition, the Pool reimburses hospitals for emergency services for uninsured individuals from whom the hospitals are unable to collect payment (these are known as emergency bad debt charges or ERBD). The Pool is always the payer of last resort on any claim. If an individual is uninsured, the Pool is the primary and only payer. However, if another public or private insurer is the primary payer,

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the Pool may be charged for the balance of charges for which the eligible individual is responsible. For more information about the Uncompensated Care Pool, please contact the Division at (617) 988-3222, or visit www.mass.gov/dhcfp.

Beginning in PFY04, the UCP payment method for hospitals changed from a retrospective fee-for-service system to a prospective fixed-payment system. Under this system, acute care hospitals are paid a pre-determined amount from the Pool each month, based in part on historical uncompensated care costs. CHCs continue to be paid on a fee-for-service basis up to an annual cap that is set for total CHC expenditures. See the Appendix for a summary table of the sources and uses of Pool funds comparing PFY05 with PFY06 Q1.

The Impact of PFY05 Pool Reforms

MassHealth Eligibility Screening

Since October 1, 2004, all UCP applications processed through the MassHealth application system have been screened first for MassHealth eligibility before a UCP determination is made.

One of the objectives of the MassHealth Eligibility Screening reform is to enroll patients in the most appropriate program available, which may reduce UCP utilization.

Figures 1A, 1B, and 1C show the continued decrease in UCP utilization growth rates from PFY04 through PFY06 Q1. For example, the growth rate for outpatient visits by Pool users dropped from 3% between PFY04 and PFY05 to -8% between PFY05 Q1 and PFY06 Q1. The growth rate for inpatient discharges remained stable at -4% between PFY05 Q1 and PFY06 Q1. However, while CHC visits decreased between PFY04 and PFY05, CHC utilization increased by 4% between PFY05 Q1 and PFY06 Q1.

The Division continues to monitor the effects of the MassHealth Eligibility Screening, as well as other PFY05 Pool reforms, for their effects on UCP utilization. In addition, the Division is currently

conducting financial and clinical audits of the Pool that will enable in-depth analyses of the PFY05 Pool reforms.

Pool Utilization Statistics

Number of Individuals Using the Pool

During PFY06 Q1, medical expenses for an estimated 186,899 individuals were billed to the Pool, representing a 5% decrease in Pool users compared with PFY05 Q1 when medical expenses for 196,576 individuals were billed to the Pool.

In PFY05, medical services for 454,993 individuals were billed to the Pool; 43% of these individuals received services during PFY05 Q1.¹ Based on this ratio, the Division estimates that 434,649 individuals will benefit from services paid for by the Pool during PFY06, a decrease of 5% from PFY05. In contrast, the number of Pool users decreased by 2% between PFY04 and PFY05 and increased 14% from PFY03 to PFY04.

Allowable Costs Billed to the Pool

During PFY06 Q1 hospitals billed \$162.3 million in projected allowable uncompensated care costs² to the Pool, a 1.7% decline from the \$164.9 million billed to the Pool in PFY05 Q1. In PFY06 Q1 hospitals billed significantly less than the \$185.9 million billed to the Pool in PFY05 Q4. Total projected costs to the Pool in PFY05 equaled approximately \$701.8 million, an average of \$175.4 million per quarter.

CHCs received \$10.5 million from the Pool during PFY06 Q1, which represents a growth of 9% over PFY05 Q1 when \$9.5 million was billed to the Pool (see Figure 2B).

Figure 2C summarizes the ratio of PFY06 Q1 Uncompensated Care payments to total Uncompensated Care costs. It shows the difference between the payment percentages calculated using projected costs and the percentages calculated using actual costs. The projected payment percentages are the PFY06 payment projections as specified by legislation, while

¹ The high percentage (43%) of users in the first quarter of PFY06 reflects the method used to calculate the number of users in a quarter versus a full year, and is not due to overly high utilization rates during the quarter. The user count for a quarter is the number of individuals who received services in that particular quarter; the user count for a year is the number of individuals who received services at any point during the year. Therefore, an individual who received services in the first and fourth quarters would be counted as a user in both the first and fourth quarters, but would only be counted as one user for the Pool Fiscal Year as a whole.

² These are projected costs based on the charges submitted to the Pool by each hospital multiplied by that hospital's interim cost-to-charge ratio.

Figure 1A: Percent Change in Outpatient Visits by Pool Users Over Time, PFY04–PFY06 Q1

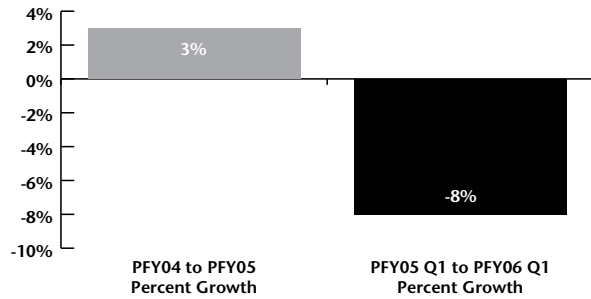


Figure 2A: Hospital-Projected Allowable Costs by Quarter, PFY05–PFY06 Q1 (in millions)

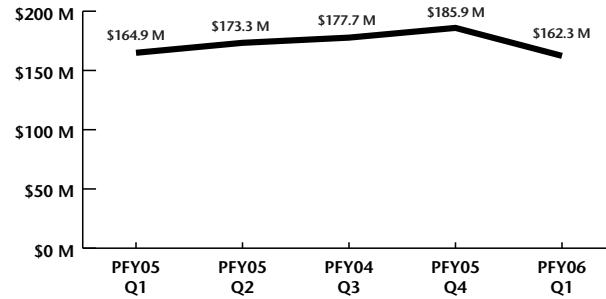


Figure 1B: Percent Change in Inpatient Discharges by Pool Users Over Time, PFY04–PFY06 Q1

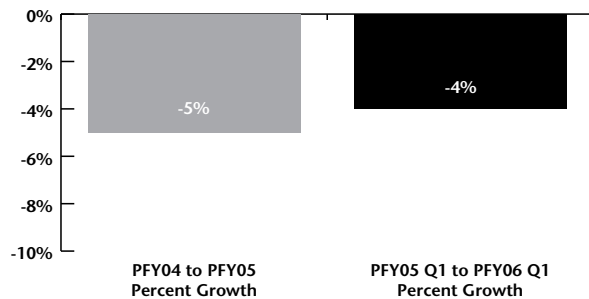


Figure 2B: CHC Payments by Quarter, PFY05–PFY06 Q1 (in millions)

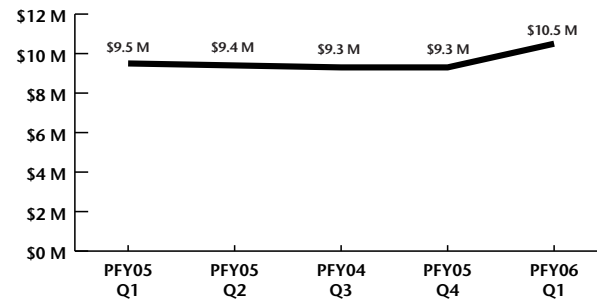


Figure 1C: Percent Change in CHC Visits by Pool Users Over Time, PFY04–PFY06 Q1

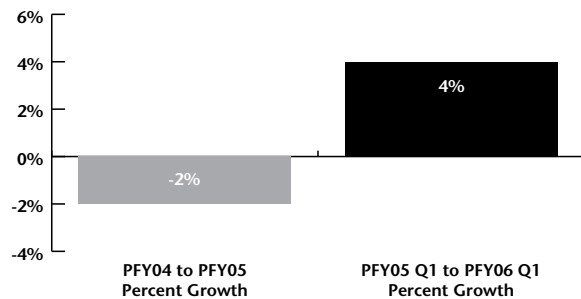


Figure 2C: UC Payments as a Percentage of Total UC Costs (based on actual costs), PFY05–PFY06 Q1

| Hospital Category | PFY06 Q1 Payment Percentage | PFY05 Payment Percentage |
|---------------------|-----------------------------|--------------------------|
| DSH (85%) | 121.0% | 111.0% |
| Community DSH (88%) | 95.0% | 94.9% |
| All Other Hospitals | 66.2% | 67.1% |

Note: These graphs use October through December data in all years.

Table 1: Total Service Volume and Costs by Hospital and CHC, PFY06 Q1

| | Service Volume | Percent of Total Volume | Allowable Costs to the Pool | Percent of Total Costs |
|---|----------------|-------------------------|-----------------------------|------------------------|
| Total Inpatient Discharges | 10,137 | 2% | \$51,937,361 | 30% |
| Total Outpatient Visits* | 408,535 | 78% | \$110,366,893 | 64% |
| Total Hospital Discharges/Visits** | 418,671 | 80% | \$162,304,254 | 94% |
| CHC Visits | 106,878 | 20% | \$9,490,206 | 6% |
| Total Hospital and CHC Volume | 525,549 | 100% | \$171,794,460 | 100% |

* Outpatient Visits include visits to hospital outpatient departments and hospital-licensed community health centers.

** 90% of the service volume and 87% of costs were for regular uncompensated care services; 10% of service volume and 13% of costs were for emergency bad debt services (ERBD).

the actual payment percentages reflect up-to-date PFY06 Q1 charge data and cost-to-charge ratios.

Volume of Services Provided

Table 1 summarizes the volume and costs of services billed to the Pool during the first quarter of PFY06. As in PFY05, inpatient discharges represented a small percentage of the volume (2%), but a large percentage of allowable uncompensated care costs (30%). In contrast, hospital outpatient visits (including visits to hospital-licensed health centers) accounted for 78% of services provided and 64% of costs. The remaining 20% of services and 6% of costs were for services delivered at free-standing CHCs.

Hospital services provided to individuals who applied for and were determined to be eligible for uncompensated care accounted for 90% of all services and 87% of allowable hospital costs billed to the Pool. The remaining 10% of hospital services and 13% of allowable costs were for uncollectible emergency bad debt (ERBD) services.

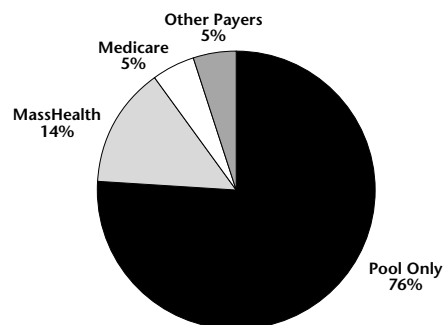
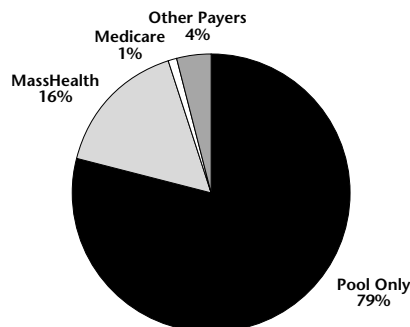
Pool User Demographics³

In the first quarter of PFY06, the demographic characteristics of Pool users remained essentially unchanged from PFY05, with the majority of Pool users being uninsured, single, childless adults ages 19 to 64, with very low incomes.

Insurance Status of Pool Users

The majority of Pool users had the Pool as their primary payer; 76% of all medical services and 79%

of costs billed to the Pool were for individuals who reported having no insurance, and for whom the Pool was the primary and only payer. As such, the Pool paid for all medically necessary services for these uninsured individuals. The remainder of the Pool user

Figure 3A: Percent of Total Hospital Service Volume by Primary Payer, PFY06 Q1**Figure 3B: Percent of Total Hospital Pool Costs by Primary Payer, PFY06 Q1**

³ In this section of the report, hospital costs are derived from the UCP claims dataset. Hospitals report charges on each claim, and these charges are multiplied by each hospital's cost-to-charge ratio to determine hospital costs. These costs do not reflect UCP payments (see Data Notes for more information).

population was covered by other public or private insurance, and the Pool was billed for any uncovered services, copayments, and deductibles. For this population, MassHealth was the primary payer for 14% of services and 16% of costs billed to the Pool, Medicare was the primary payer for 5% of services and 1% of costs, and other commercial and government programs were the primary payers for 5% of services and 4% of costs (see Figures 3A and 3B). When Medicare or other payers were the primary payers, costs to the Pool represented a slightly lower percentage of total costs than of service volume. This difference reflects the fact that when the Pool is the only payer, it is billed for all medically necessary services, but when other payers are primary, the Pool is billed only for uncovered services, copayments, and deductibles, which are likely to be much lower in cost.

Previous quarterly reports used data from the UCP claims to determine the insurance status of Pool users. This quarterly report uses the integrated dataset of MassHealth application information to match UCP claims directly with MassHealth eligibility data. This creates a more refined analysis of the number of Pool users who have MassHealth (see Data Notes for an explanation of this dataset). The percentages of UCP volume and costs generated by MassHealth members is greater in this quarterly report; comparison with previous reports should not suggest increased utilization of the UCP by MassHealth members but instead reflects a more accurate methodology for identifying these MassHealth ‘wrap’ claims and costs.

Utilization Patterns by Gender

As in previous quarters, men in the Pool user population used fewer services than women (42% of services billed to the Pool were for men versus 58% for women), but generated more hospital costs (52% for men versus 48% for women); see Figures 4A and 4B. This difference reflects a variation in utilization patterns; men are more likely than women to receive inpatient hospital care, which accounts for higher costs to the Pool, while women more typically receive outpatient services (see also Figures 8A and 8B).

Utilization Patterns by Age

The Pool primarily pays for services for non-elderly adults. During PFY06 Q1, young adults ages 25 to 44

Figure 4A: Percent of Total Hospital Service Volume by Gender of Patient, PFY06 Q1

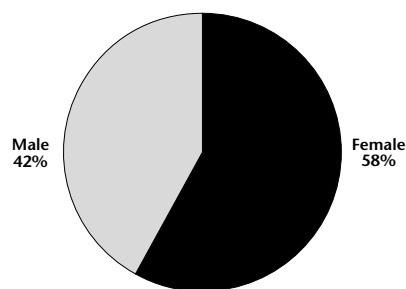
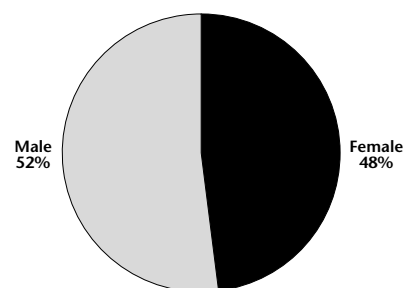


Figure 4B: Percent of Total Hospital Costs by Gender of Patient, PFY06 Q1



received the largest percentage of services (36%), while the entire non-elderly population ages 19 to 64 received 83% of the total service volume (see Figure 5A). The distribution of hospital costs by age exhibits this same pattern (see Figure 5B).

Utilization Patterns by Income

The majority of Pool users were low-income, single adults (see Figures 6A and 7A). Over three-quarters (77%) of services billed to the Pool were for individuals with incomes less than 200% FPL, who were thereby eligible for full uncompensated care. Interestingly, Pool users with no income accounted for 30% of service volume, but represented 40% of allowable hospital uncompensated care costs (see Figures 6A and 6B); as a group, they were more

Figure 5A: Percent of Total Hospital Service Volume by Age of Patient, PFY06 Q1

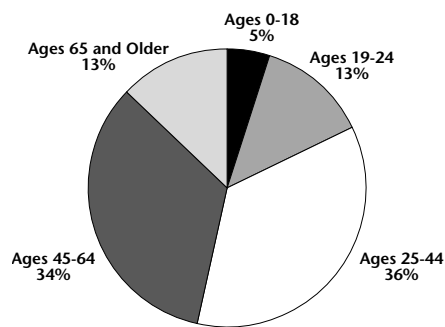
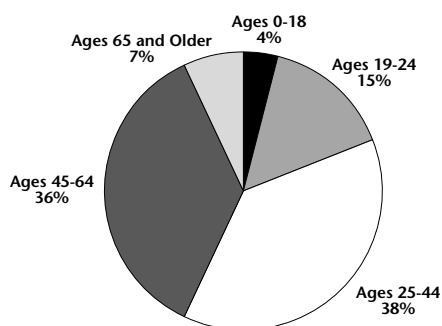


Figure 5B: Percent of Total Hospital Costs by Age of Patient, PFY06 Q1



costly than other Pool users. This same pattern was also observed in PFY05. In contrast, Pool users with family incomes between 101% and 200% FPL were less costly and accounted for 33% of claims, but for only 25% of costs.

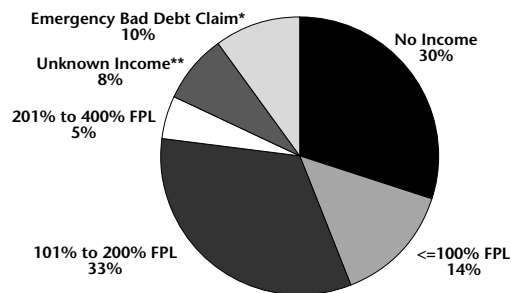
Utilization Patterns by Family Size

Almost three-quarters of service volume (73%) and costs to the Pool (74%) were for one- or two-person families. Fifty-seven percent of all services were for single, childless adults, and another 16% were for two-person families comprised of two adults, or an adult and child (see Figures 7A and 7B).

Utilization Patterns of the Pool Population: Services Billed to the Pool

Except where noted, the Uncompensated Care Pool utilization patterns exhibited by the Pool population

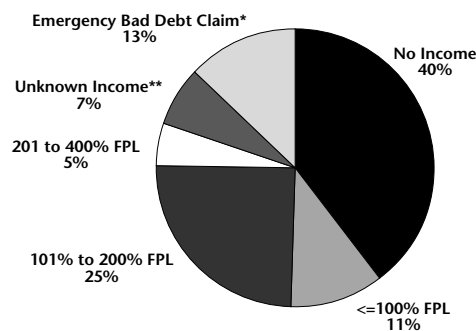
Figure 6A: Percent of Total Hospital Service Volume by Family Income, PFY06 Q1



* Data on family income are unavailable for ERBD claims because there are no uncompensated care applications associated with these claims.

** A small percentage of uncompensated care claims could not be matched to a corresponding application, so information on family income is unavailable for these claims.

Figure 6B: Percent of Total Hospital Costs by Family Income, PFY06 Q1



* Data on family income are unavailable for ERBD claims because there are no uncompensated care applications associated with these claims.

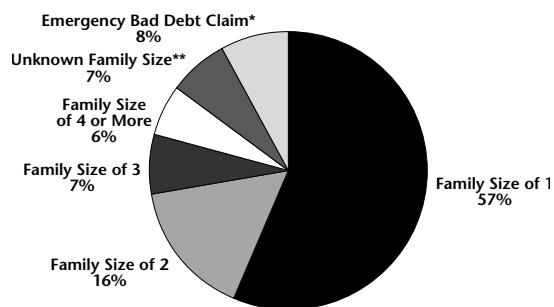
** A small percentage of uncompensated care claims could not be matched to a corresponding application, so information on family income is unavailable for these claims.

during PFY06 Q1 remained similar to the patterns of utilization observed in previous quarters.

Hospital Utilization by Gender

Consistent with previous quarters, utilization of inpatient and outpatient services differed dramatically for men and women during the first quarter of PFY06. Fifty-nine percent of all inpatient services were for men, while 59% of outpatient services (including

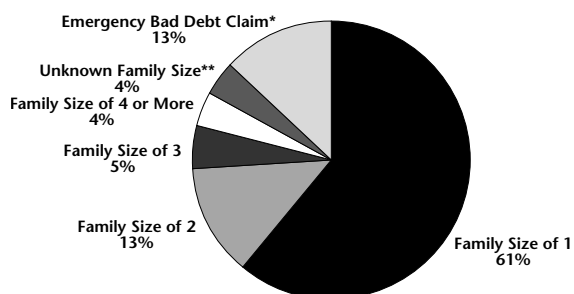
Figure 7A: Percent of Total Hospital Service Volume by Patient Family Size, PFY06 Q1



* Data on family size are unavailable for ERBD claims because there are no uncompensated care applications associated with these claims.

** A small percentage of uncompensated care claims could not be matched to a corresponding application, so information on family size is unavailable for these claims.

Figure 7B: Percent of Total Hospital Costs by Patient Family Size, PFY06 Q1



* Data on family size are unavailable for ERBD claims because there are no uncompensated care applications associated with these claims.

** A small percentage of uncompensated care claims could not be matched to a corresponding application, so information on family size is unavailable for these claims.

care in outpatient clinics and hospital-licensed health centers) were for women (see Figure 8A).

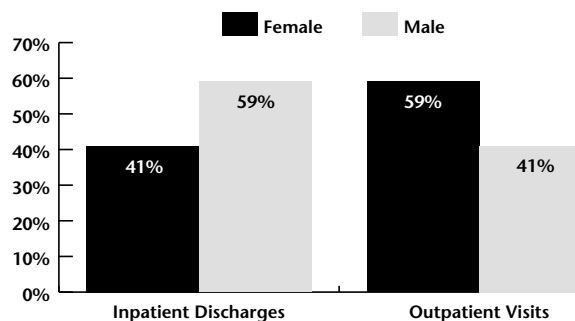
The inpatient care for men accounted for 64% of inpatient costs billed to the Pool, or approximately \$33.2 million, while inpatient care for women accounted for 36% of inpatient costs, approximately \$18.7 million. In contrast, outpatient care for women

accounted for over half (53%) of outpatient costs, approximately \$58.5 million, while care for men accounted for the remainder (47%), approximately \$51.9 million (see Figure 8B and Table 1).

Hospital Utilization by Age

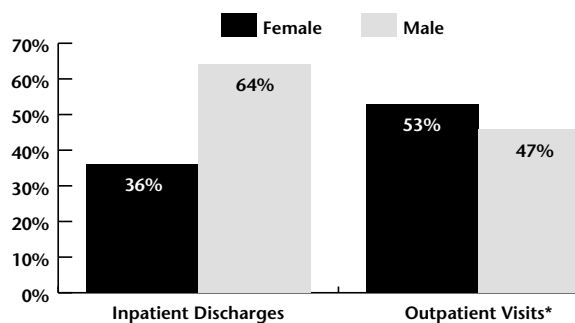
Pool users ages 25 to 44 received the most care of any age group in both hospital inpatient and outpatient settings, and generated a large percentage of costs. However, the inpatient care for Pool users ages 45 to 64 was disproportionately expensive; services for this group accounted for 32% of inpatient

Figure 8A: Percent of Discharges and Visits* by Claim Type and Patient Gender, PFY06 Q1



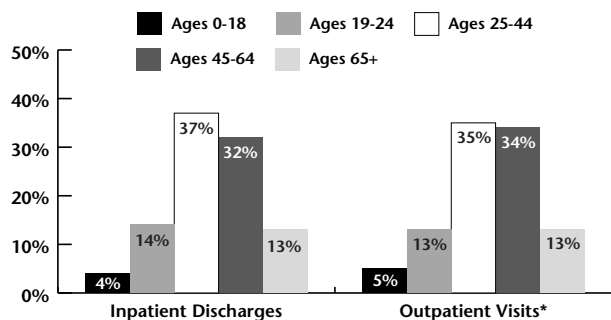
* Includes visits to hospital outpatient clinics and hospital-licensed CHCs.

Figure 8B: Percent of Costs to the Pool by Claim Type and Patient Gender, PFY06 Q1



* Includes visits to hospital outpatient clinics and hospital-licensed CHCs.

Figure 9A: Percent of Discharges and Visits by Claim Type and Patient Age, PFY06 Q1



* Includes visits to hospital outpatient clinics and hospital-licensed CHCs.

Figure 10A: Percent of Inpatient Discharges by Admission Type, PFY06 Q1

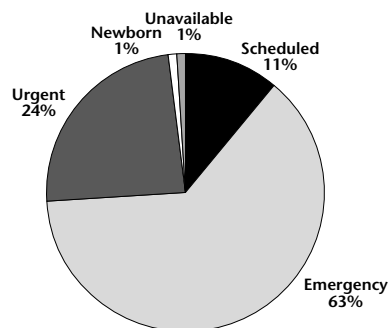
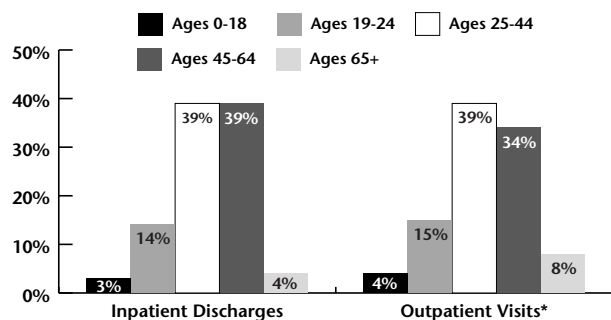
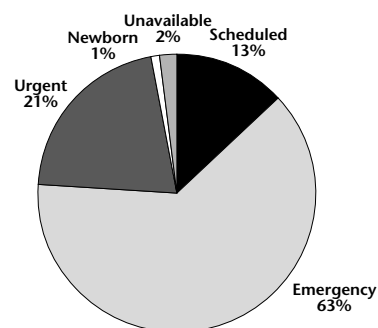


Figure 9B: Percent of Costs to the Pool by Claim Type and Patient Age, PFY06 Q1



* Includes visits to hospital outpatient clinics and hospital-licensed CHCs.

Figure 10B: Percent of Costs to the Pool by Inpatient Admission Type, PFY06 Q1



discharges, but 39% of inpatient costs (see Figures 9A and 9B).

Type of Admission

Eighty-seven percent of inpatient services were for emergency or urgent care; 63% were for emergency care and 24% were for urgent care. An additional 11% were for scheduled (coded as “elective”) procedures (see Figure 10A). Eighty-four percent of costs were for emergency or urgent care (see Figure 10B).

Top Reasons for Inpatient Discharges

During the first quarter of PFY06, the most common two reasons for inpatient care were for

circulatory disorders and mental diseases; 26% of services and 25% of costs were attributable to these MDCs (see Table 2). Inpatient discharges for mental health and substance abuse related disorders continued to be prevalent within the Pool user population. Together, these diagnoses comprised 23% of inpatient diagnoses and 17% of costs.

Top Reasons for Outpatient Visits

Outpatient pharmacy services continued to represent the largest share of outpatient volume (26%) in PFY06 Q1 (see Table 3). Interestingly, however, these visits generated just 13% of outpatient costs. These costs were for outpatient pharmacy services only;

Table 2: Top Inpatient Major Diagnostic Categories (MDCs) for Uncompensated Care Patients by Percent of Total Discharges and Costs to the Pool, PFY06 Q1

| MDC | Percent of Total Inpatient Discharges | Percent of Total Inpatient Costs |
|---|---------------------------------------|----------------------------------|
| Circulatory Diseases and Disorders | 13% | 14% |
| Mental Diseases and Disorders | 13% | 11% |
| Digestive Diseases and Disorders | 11% | 11% |
| Alcohol/Drug Use and Induced Organic Mental Disorders | 10% | 6% |
| Respiratory Diseases and Disorders | 8% | 7% |
| Musculoskeletal Diseases and Disorders | 7% | 8% |
| Nervous System Diseases and Disorders | 6% | 8% |
| Hepatobiliary Diseases and Disorders | 5% | 6% |
| Skin Diseases and Disorders | 4% | 3% |
| Endocrine, Nutritional, and Metabolic Disorders | 4% | 3% |
| Total for Top MDCs | 77% | 74% |

when pharmacy services occurred along with other outpatient services, the bill was grouped under the primary service provided.

Average Cost per Inpatient Discharge and Outpatient Visit⁴

The average cost per hospital discharge or visit decreased in PFY06 Q1 when compared with PFY05, and was approximately \$5,124 per inpatient discharge, and about \$270 per hospital outpatient visit (see Table 4). This represents a decrease of 9% for the average inpatient cost per discharge, and a decrease

of 2% for the average outpatient visit compared with PFY05.

Data Notes

Data used in these analyses were drawn from the following sources:

Monthly Reports from Hospitals and CHCs

Each month, hospitals and CHCs report their uncompensated care charges to the Division. Hospitals use the UC (uncompensated care) form and CHCs use the CHC Payment form. The UC form is

Table 3: Outpatient Ambulatory Patient Groups (APGs) for Uncompensated Care Patients by Percent of Total Hospital Visits and Costs, PFY06 Q1

| APG | Percent of Total Visits | Percent of Total Costs |
|---|-------------------------|------------------------|
| Pharmacy | 26% | 13% |
| Pulmonary Tests | 4% | 10% |
| Individual Comprehensive Psychotherapy | 3% | 1% |
| Simple Gastrointestinal Diseases | 2% | 3% |
| Counselling or Individual Brief Psychotherapy | 2% | 2% |
| Fracture, Dislocation, Sprain | 2% | 2% |
| Nonspecific Signs and Symptoms | 2% | 2% |
| Computerized Axial Tomography (CT scan) | 1% | 3% |
| Simple Musculoskeletal Diseases Except Back Disorders | 2% | 1% |
| Unspecified Dental Procedures | 2% | 1% |
| Total for Top APGs | 46% | 38% |

⁴ The hospital cost analyses in Table 4 use UC Form charge data to derive costs billed to the Pool (see Data Notes for an explanation of this data). Please note that UCP costs do not reflect payments to hospitals due to the UCP prospective payment system.

Table 4: Average Cost per Inpatient Discharge and Outpatient Visit, PFY06 Q1 Including Comparison Cost Data from PFY05

| | Number of Inpatient Visits/ Outpatient Discharges PFY06 Q1 | Hospital Costs to the Pool PFY06 Q1 | Average Cost PFY06 Q1 | Average Cost PFY05 |
|--|--|---|-----------------------------|--------------------------|
| Inpatient Discharges | 10,137 | \$51,937,361 | \$5,124 | \$5,658 |
| Outpatient Visits | 408,535 | \$110,366,893 | \$270 | \$275 |
| Total Inpatient Discharges/ Outpatient Visits | 418,671 | \$162,304,254 | \$388 | \$412 |

an aggregation of monthly hospital charges; the CHC Payment form details monthly visit activity for CHCs as well as certain charge activity. The UC forms are matched to each hospital's claims in the Division of Health Care Finance and Policy claims database.

Pool Claims Database

Hospitals and CHCs began electronic submission of Pool claims to the Division in March 2001. During PFY03, the Division began to withhold payments from hospitals with incomplete data. As a result, compliance with data submission requirements has improved dramatically. Although variability exists among providers, in PFY06 Q1 Pool charges reported in the claims database equaled approximately 94% of the charges reported by hospitals on the monthly UC forms they submit to the Division.

Pool Applications Database

Hospitals and CHCs began to submit electronic uncompensated care application forms to the Division in October 2000. The application contains data as reported by the applicant. Documentation of income and residency is required; hospitals and CHCs review and maintain the documentation.

Beginning in October of 2004, applications submitted through MassHealth were also screened for UCP eligibility, if no MassHealth eligibility existed.

The eligibility data for individuals determined to be eligible for UCP or MassHealth after October 1, 2004 has been integrated into the UCP applications database to create a comprehensive dataset of demographic and eligibility information for all individuals with UCP eligibility.

Matched Pool Applications and Claims Database

To the extent possible, the Division matches uncompensated care claims to the corresponding uncompensated care application. Matching is based on the applicant's social security number or tax identification number when available. Additional matching uses an algorithm based on other available data such as phonetic last name, phonetic first name, date of birth, provider, etc. Since there are no applications associated with emergency bad debt (ERBD) claims, ERBD claims data are excluded from the match.

The Division's matching algorithm has been revised to incorporate application data from UCP applications submitted through MassHealth. In PFY06 Q1, 93% of uncompensated care claims matched to either a DHCFP or a MassHealth application. A small percentage of claims remains unmatched because of timing issues (e.g., applications submitted after an uncompensated care claim has been written off), or because of inconsistencies in personal identifiers that hinder matching.

Appendix: Uncompensated Care Pool Sources and Uses of Funds, PFY05–PFY06 Q1

| <u>Uncompensated Care Trust Fund</u> | <u>PFY05</u> | <u>PFY06</u> |
|--|------------------|---------------------|
| Budgeted Revenue Sources | | |
| Hospital Assessment | 160.0 | 160.0 |
| Surcharge Payers | 160.0 | 160.0 |
| General Fund Contribution | 210.0 | 171.9 |
| Other Funding Sources | | |
| General Fund Transfer, Supp. Budget (§. 154, Ch. 352 Acts of 2004) | 12.0 | |
| General Fund Transfer, Supp. Budget (§. 14, Ch. 106 Acts of 2005) | | 24.1 |
| General Fund Transfer | 75.0 | |
| Surplus from PFY98 and PFY99 | 12.0 | |
| Medical Assistance Transfer Account (off budget)* | 7.2 | |
| Transfer from account # 4000-0896 (Essential) | 75.0 | 10.0 |
| Total Sources | 711.2 | 526.0 |
| Uses of Funds | | |
| UCTF Pool Uses of Funds | | |
| Hospitals | (498.6) | (466.0) |
| Dedicated Payment to BMC and CHA | - | - |
| Community Health Centers | (39.8) | (56.0) |
| Demonstration Projects (Historic Pool) | (3.1) | (4.0) |
| Demonstration Project: Disease Management | (4.9) | - |
| Pool Audit Unit: Transfer to Inspector General | (4.9) | - |
| MassHealth Essential | (160.0) | - |
| Total Uses | (711.2) | (526.0) |
| <u>Uncompensated Care Pool: Financial Summary</u> | <u>PFY05</u> | <u>PFY06 Q1</u> |
| Hospitals | | |
| Hospital Payments | (498.6) | (116.5) |
| Offsets to UCP | (140.0) | (35.0) |
| Net Allowable UCP Costs** | (701.8) | (162.3) |
| Hospital Shortfall | (63.2) | (10.8) |
| Community Health Centers | | |
| Community Health Center Payments | (39.8) | (10.5) |
| Net Allowable UCP Costs | (37.5) | (10.5) |
| CHC Shortfall | 2.3 | 0.0 |
| UCP Surplus/(Shortfall) | (60.9) | (10.8) |

* For PFY05 a small portion of funds was transferred from interest to offset a reduction in the amount received from the Medical Assistance Transfer Account.

** In PFY05, Net Allowable Uncompensated Care Costs are based on 12 months of actual PFY05 data using PFY04 CCRs.